

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 589938

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/					51						
2	/		/				52						
3	2		/				53						
4			/				54						
5			/				55						
6			/				56						
7			/				57						
8			/				58						
9			/				59						
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13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21	6		/				71						
22)		/				72						
23		1	/				73						
24			/				74						
25							75						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	21												
TOTAL CLAIMS	24												